

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05402

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Barbara Carroll

DATE: August 4, 2006

RE: Viral Hepatitis Infection and Substance Abuse for CRT Clients

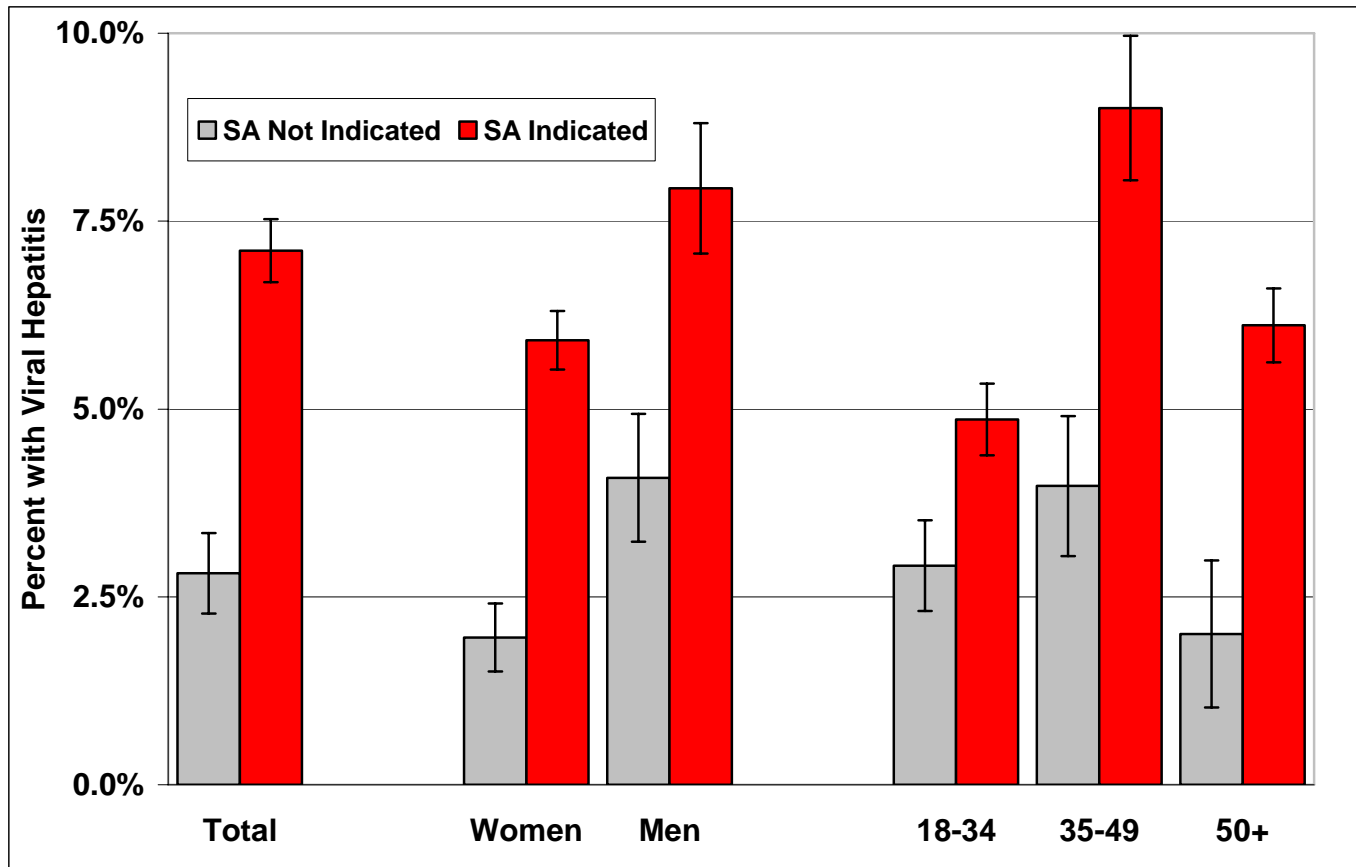
In response to our July 7, 2006 PIP report on "Viral Hepatitis Infection Among MH and SA Service Recipients" (<http://healthvermont.gov/mh/docs/pips/2006/pip070706.pdf>), Janet Bramley (Adult Mental Health Co-occurring Treatment project) requested further analysis to measure the prevalence of viral hepatitis infection among two groups of adults served in FY2005 by Vermont's Community Rehabilitation and Treatment (CRT) programs for adults with serious mental illness. One group includes CRT clients with an indication of a co-occurring substance abuse (SA) disorder in the Monthly Service Report (MSR) data provided to the Division of Mental Health by designated community agencies. The other group includes CRT clients who do not include an indication of a co-occurring SA disorder in the MSR data. For purposes of this analysis, three indicators of co-occurring SA disorders were examined. These include a substance abuse diagnosis, the identification of an "alcohol" or "drug abuse" problem at intake, and/or receipt of substance abuse services.

Three data sets were used in this analysis. The first data set included the date of birth and gender of the 1,052 CRT service recipients with an indication of a co-occurring SA disorder in their MSR client record. The second data set included the date of birth and gender of the 2,027 CRT service recipients without an indication of a co-occurring SA disorder. The third data set, extracted from the Vermont Department of Health Hepatitis Registry, provided basic demographic information for the 5,161 Vermont residents who received a diagnosis of Viral Hepatitis B or C in Vermont during 1994 through 2005. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation was used to determine the unduplicated number of individuals from each CRT data set who were also represented in the hepatitis data set.

As you will see, CRT clients with co-occurring SA disorders were substantially more likely than other CRT clients to have had a hepatitis diagnosis (7.1% vs. 2.8%). Overall, CRT clients with co-occurring SA disorders were 2.5 times as likely as other CRT clients to have a hepatitis diagnosis. This elevated risk of hepatitis was greater for women than for men (3.0 vs. 1.9 respectively) and was greater for CRT clients in the 35 to 49 and 50+ age groups (2.3 and 3.0 respectively) than for CRT clients under the age of 35 (1.7).

We look forward to your comments and your interpretation of these findings, and your suggestions for further analyses regarding the prevalence of hepatitis diagnoses in human services caseloads in Vermont. As always, you can contact us at pip@vdh.state.vt.us or 802-863-7249.

Viral Hepatitis Diagnosis Rates
For FY2005 Community Service Recipients with Serious Mental Illness
with and without an Indication of Co-occurring Substance Abuse Disorder



	No Co-occurring SA Disorders Indicated			Co-occurring SA Disorders Indicated			
	Total Caseload	With Hepatitis Diagnosis Number	Percent	Total Caseload	With Hepatitis Diagnosis Number	Percent	Elevated Risk **
Total	2,027 ± 7	57 ± 8	2.8% ± 0.4%	1,052 ± 4	75 ± 6	7.1% ± 0.5%	2.5 ± 0.4
Gender							
Women	1,214 ± 5	24 ± 5	2.0% ± 0.4%	432 ± 3	26 ± 2	5.9% ± 0.5%	3.0 ± 0.6
Men	814 ± 4	33 ± 7	4.1% ± 0.9%	620 ± 4	49 ± 5	7.9% ± 0.9%	1.9 ± 0.5
Age							
18-34	299 ± 2	9 ± 1	2.9% ± 0.5%	260 ± 2	13 ± 2	4.9% ± 0.6%	1.7 ± 0.3
35-49	692 ± 4	28 ± 7	4.0% ± 1.0%	474 ± 3	43 ± 4	9.0% ± 0.9%	2.3 ± 0.6
50+	1,036 ± 5	21 ± 5	2.0% ± 0.5%	317 ± 2	19 ± 3	6.1% ± 1.0%	3.0 ± 0.9

Analysis is based on anonymous extracts from the Monthly Service Reports (MSR) provided to DMH designated community agencies and from the Vermont Hepatitis Registry for 1994 – 2005. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation was used to determine the unduplicated number of individuals represented in the data sets (with 95% confidence intervals). Indicators of co-occurring substance abuse disorders include a substance abuse diagnosis, an indication of an alcohol and/or drug abuse problem at intake, and/or receipt of substance abuse services.

** Elevated risk is calculated by dividing the hepatitis rate in CRT clients with indication of co-occurring substance abuse by the hepatitis rate in other CRT clients. An elevated risk of 2.5 indicates that CRT clients with co-occurring SA were 2.5 times as likely as other CRT clients to have a diagnosis of hepatitis. All of the above comparisons of elevated risk are statistically significant.